

MacIntyre Care Beulah House

Inspection report

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Date of inspection visit: 22 May 2015
Date of publication: 22/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 22 May 2015 and was unannounced.

Beulah House provides accommodation and personal care for five people who have a learning disability, the home was fully occupied when we inspected.

The home had a registered manager in post who was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One person told us that they felt safe living in the home and staff were aware of how to protect people from potential harm. Risk assessments were in place that told staff how to promote people's independence and ensure their safety whilst doing so. A record of accidents was maintained and monitored to find out if there were any trends and where necessary risk assessments had been reviewed to prevent the accident happening again. We saw that there were enough staff on duty to ensure people's needs were met. People's prescribed medicines were managed by staff and systems and practices in place ensured they received their medicines as prescribed.

Summary of findings

Staff told us that they were supported by the manager to carry out their role and had access to regular supervision and training. People's human rights were supported because staff understood how to include them in decision making about their care. We saw that people had a choice of meals and were supported to eat and drink enough. People were supported to access relevant healthcare services when needed.

Staff were caring and compassionate when supporting people and they looked at ease with staff. People were encouraged to be involved in their care planning. We saw that staff promoted people's right to privacy and dignity.

People had access to a variety of social activities to reflect their interests. Arrangements were in place to enable people to share their concerns and these were listened to and taken seriously.

People had a say in the running of the home and who worked with them. There was a clear leadership within the home and staff told us that the manager and regional manager were approachable and that they felt well supported. People and their relatives were able to tell the provider about their experience of using the service and care plans were reviewed in relation to information collated from quality assurance questionnaires to drive improvements. Audits were carried out to monitor the service provided and staff told us that they had access to regular meetings and that their views were listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe because staff were aware of their needs and there were enough staff to ensure their needs were met. Staff had access to risk assessments to ensure they knew how to care for people safely. People were supported by staff to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who had access to regular training and supervision by the manager. Where people lacked capacity to consent to their care and treatment, best interest decisions had been made to ensure they received the appropriate support. People had a choice of meals and were supported to eat and drink sufficient amounts. People had access to healthcare services when needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and they were involved in their care planning. People's right to privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment of their needs and staff were aware of how to care for them. People were supported to pursue their social interests. People's concerns were listened to and taken seriously.

Good



Is the service well-led?

The service was well-led.

People were able to have a say in the way the home was run, who worked with them and were involved in the recruitment of staff. The manager supported staff to provide an effective service and quality monitoring audits were in place to drive improvements. There was a clear leadership to ensure people received a good service.

Good



Beulah House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 May 2015 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we spoke with the local authority to share information they held about the home. We also

looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our visit we spoke with one person, the other people did not have verbal communication to tell us about their experience of using the service. We spoke with three care staff, the registered manager and the area manager. We looked at one care plan, risk assessments, medication administration records, accident reports and quality audits. We observed care practices and how staff interacted with people.

Is the service safe?

Our findings

One person told us that they felt safe because the staff were nice. Staff were aware of how to protect people from potential harm and their responsibility of sharing concerns with the manager and other agencies to protect people. A record of safeguarding referrals had been maintained and showed what action had been taken to protect people. The manager was aware of how to safeguard people from harm and what action was required to reduce the risk.

Staff told us that they had access to risk assessments that told them how to care and support people safely. We saw risk assessments for moving and handling, the support people required whilst in the community and the use of lifting equipment. We saw staff support a person with their mobility in a safe manner and used the equipment as identified in the person's care record. We saw that a record had been maintained of accidents. The manager told us that these were monitored and audited by the area manager to find out if there were any trends and to take action to reduce the risk of it happening again.

We saw that there were enough staff on duty and they were always nearby to support people when required. Staff told

us that there were always enough staff on duty to meet people's needs. The manager told us that where people required additional support to pursue activities in the community, additional staffing was provided and this was confirmed by one person who used the service and staff. The provider's recruitment procedure ensured that people were suitable to work in the home. Discussions with the manager and staff confirmed that safety checks were carried out before people started to work in the home to ensure that they were suitable.

People required staff to support them to take their prescribed medicines. One staff member told us that people were not forced to take their medication and said, "We would explain what could happen if they didn't take their medicine." They told us that if the person continued to refuse their medicines the GP would be informed. We saw that medicines were appropriately recorded and stored. The medication administration record showed that people had received their medicines as prescribed. Some people had been prescribed 'when required' medicines to be given only when required. We saw that staff had access to a written protocol that told them how to manage these medicines safely and when it would be necessary to consult with the GP.

Is the service effective?

Our findings

Staff told us that they felt well supported by the manager and had access to regular supervision and training. A staff member said, “The provider is very good in offering us regular training.” Training records showed that staff were provided with training to ensure they had the skills to undertake their role. Staff confirmed that when they started working at the home they were provided with an induction and this included working with an experienced staff member and working through their personal development programme.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) and we saw that MCA assessments had been carried out to determine the person’s level of mental capacity. People’s consent was obtained in a manner they could understand. This included Makaton which is a form of sign language and the use of pictorial aids and pointing. Where people lacked capacity to give consent to care, treatment and support a best interest decision was in place. For example, where a person required a medical procedure but was unable to consent to this. This ensured that the decision made was in that person’s best interest. The manager and staff were aware of the principles of the Deprivation of Liberty Safeguards (DoLS). DoLS are required when this includes depriving a person of their liberty to ensure they received the appropriate care, treatment and support. Four people had a DoLS in place and staff were aware of the restrictions required and we saw that one person was supervised by staff when they left the home to ensure their wellbeing.

Staff told us that some people required support to manage their behaviours and they had received training to support

people and the training records we looked at confirmed this. We saw that staff had access to behaviour plans that told them how to manage these behaviours and when it was necessary to use restraint. Two staff members told us that restraint was very rarely used and diversion techniques were used to distract the person in the first instance.

One person said, “The food is good and I have a choice.” We saw the manager showing people a pictorial menu to enable them to point at what they wanted. Mealtimes were pleasurable where staff sat and ate with people and were available to support them with their meal. Mealtimes were not rushed and we saw staff support a person with their meal in a kind and patient manner. Staff were aware of people’s dietary needs and the support they required to eat and drink enough and this information was also contained in their care plan. We saw that people had access to specialist equipment such as rimmed plates and specially adapted cutlery to promote their independence to eat and drink. Staff told us that when necessary people had access to a speech and language therapist and a dietician.

One person told us that the GP visited the home frequently. A staff member said they knew when people are feeling unwell, they told us, “People may use the Makaton sign for tablets or point to where is hurting them.” Discussions with staff and the care records we looked at confirmed that people did have access to other healthcare services when needed. A staff member told us that each person had a link worker who was responsible in ensuring people had access to routine health screening. Care records showed that people routinely had access to a dentist, optician and the GP.

Is the service caring?

Our findings

A person told us, “I like living here and the staff are nice.” We saw that staff treated people with kindness and compassion. We saw that one person looked uncomfortable in their chair and a staff member made them comfortable by rearranging their cushion and placing a foot stool under their feet. Staff told us that they were aware of people’s personal history and specific care needs. One staff told us that they could determine how the individual was feeling in relation to the sounds they made and their body language. For example, we saw one person indicate that they wanted a drink and this was promptly provided to them. We saw staff interacting with people throughout the day and engaged people in all conversations. People looked comfortable with staff and we saw that staff took the time to listen to people.

One person who used the service said that staff frequently asked them if they were alright. Staff told us that people

were involved in their care planning. We saw that care plans were provided in a pictorial format, so people could understand them. Discussions with staff and the care records we looked at confirmed that where people lacked mental capacity, their relatives were involved in their care planning. The manager told us that people had access to an advocate to support them when necessary.

One person told us that staff do respect their privacy and dignity. One staff said, “I ensure the area is private when supporting people with their personal care needs.” They told us that people were given a choice of who worked with them and their wishes were respected. Another staff member told us, “When assisting people with their personal care, I tell them what I intend to do and give them a choice.” During mealtimes people’s clothing was protected and we saw staff discretely wipe people’s mouth to maintain their dignity.

Is the service responsive?

Our findings

People's care needs were met because systems were in place to help them to be involved in their assessment and care planning. They had access to a tablet that helped them to tell staff what support they needed. We saw that information given to people was in pictorial format so they could understand it. This included care plans, risk assessments and information about things people enjoyed doing. We saw that people's care needs were being met and staff told us that they had access to care plans that told them about people's history, care needs and aspirations. One staff member said people were asked what they would like to do throughout the year and then they made a wish list and people were supported to achieve their wishes. One person told us that staff had supported them to attend a musical concert and to visit London. They told us that staff assisted them to go shopping and swimming. This person told us that they enjoyed using the tablet and was aware of staff who had the skills to assist them with this and we saw a member of staff supporting them with the tablet.

People had a choice of a variety of social activities to reflect their interests. On the day of our inspection we saw that

where people wish to stay in their bedroom, staff respected this. Another person was supported to go out for a few hours. We saw that another person chose to watch the television. One person sat alone and was not engaged in any activities. We saw the manager approach them and asked them what they would like to do and showed them a choice of crafts that they could do. People were supported to maintain contact with people important to them and care plans told staff how to help people to maintain these contacts.

One person said, "If I am unhappy I would tell the staff." A staff member said that people had different ways of telling staff when they are unhappy. For example, some people may shout and others may use Makaton." During the inspection we saw that staff were responsive to sounds and people's body language. We heard one person shouting and a staff member approached them to find out why they were unhappy. They tried to make them comfortable and reassured them. We saw that the complaints procedure was provided in a pictorial format and showed a photograph of the manager and told people they could share their concerns with them. A record of complaints was maintained and this provided information about what action had been taken to address this.

Is the service well-led?

Our findings

People were involved in the running of the home and they had a say who worked with them and were involved in staff recruitment. We saw that arrangements were in place to ensure people had a say in how the home was managed by having meetings with them. We saw that the manager frequently sat and talked with people and showed an interest in what they had to say. A tablet was used to enable people to be involved in the decorating of the home, this enable them to point at colours and furnishings they liked. One person told us that staff had involved them in choosing the blinds for the kitchen. A staff member said that they had access to regular meetings and felt that they were listened to. Another staff member said, "The manager is very fair and helps people and the staff." We saw the manager taking time to sit and talk with people. The manager was aware of people's needs and ensured that they had access to other services to support them, such as healthcare services and advocates. They also ensured that people had access to facilities within their local community.

A staff member said the manager and area manager were very approachable. The area manager was present for part of the inspection. They had a good understanding of

people's needs and told us about systems in place to drive standards. For example, they were responsible for auditing complaints and to find out if there was a trend. They were aware of staff training needs and arrangements were in place to ensure staff had access to routine training to ensure they had the skills to care for people. Staff told us that they felt well supported by the manager. A staff member said, "The manager is very supportive and makes time to interact with people." They told us, "How the manager pleases everyone, I don't know but she does."

People and their relatives were able to tell the provider about their experiences of using the service by completing a quality assurance survey. The manager said when information is collated from these surveys, where necessary care plans would be reviewed to ensure people received an effective service. The manager told us that there were systems in place to ensure the appropriate management of medicines and staff told us that the manager routinely carried out safety checks. People always received the support they needed because the manager frequently reviewed the staffing levels and this was confirmed by the staff. We saw that routine audits had been carried out to ensure the safety of the mini bus lift. Portable appliance testing was carried out each year to ensure electrical appliances were safe to use.